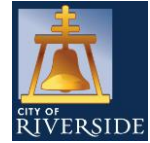




# Riverside Small Sparks Neighborhood Matching Grant



## APPLICATION

### NEIGHBORHOOD GROUP INFORMATION: *Please type or print the following information.*

Neighborhood Group Name:			
Project Representative Name:			
Mailing Address:			
City:		State:	Zip Code:
E-mail Address:			
Home Phone:		Work Phone:	

### A. Project Category: *Please check the box that best describes your project (see Small Sparks Brochure):*

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>NEIGHBORHOOD BEAUTIFICATION:</b> Physical improvement in a neighborhood.             |
| <input type="checkbox"/> | <b>NEIGHBORHOOD SOCIAL ENHANCEMENT:</b> One-time grant for community building activity. |

### B. Neighborhood Project Title and Description:

Project Title: \_\_\_\_\_

Brief Description of the project and how it will improve the neighborhood: \_\_\_\_\_


Approximate number of households that would benefit from this project: \_\_\_\_\_

Please submit original Grant Application Form with Match Pledge Form and Estimated Expense Form to Community & Economic Development Department, Neighborhood Engagement Division prior to the deadline as indicated on the checklist. Any questions please call for assistance at (951) 826-5168.

**C. Match Pledge Form: (See attached form for totals)**

Subtotal Sweat Equity: \$ \_\_\_\_\_ Total Hours Pledged: \_\_\_\_\_

Subtotal In-Kind: \$ \_\_\_\_\_

Subtotal Cash Donations: \$ \_\_\_\_\_

Total Match: \$ **D. Estimated Expenses form: (See attached form for total)**Total Estimated Expenses: \$ **E. Grant Funds Requested: (Maximum of \$500)**Total Funds Requested: \$ 

**F. SIGNATURE:** (The signatory declares that the assigned Project Representative assures that a majority of members of the neighborhood group voted to undertake this project and assures that any funds received as a result of the application will be used only for the purpose set forth herein.

**PRINT NAME of  
Project  
representative:**

**Telephone:**

**SIGNATURE of  
Project representative:**

**Date:**

**G. AUTHORIZATION PROCESS:**

*(For office use only)*

Date Received:	Reviewed by Staff:	Date Reviewed:
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Comments:	<input type="checkbox"/> Approve <input type="checkbox"/> Denied	Date:
Grant Program Manager Signature:	Date:	

Community & Economic Development Department, Neighborhood Engagement Division  
3900 Main Street, 3<sup>rd</sup> Floor, Riverside, CA 92522, (951) 826-5168